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MONTANA LEGISLATIVE HISTORY

Chapter 380 19 81

Bill H 7 S _____ Original bill & history ____C

H. Committee on Human Services		S. Committee on Public Health	
Hearing Date(s) Jan 09	✓C	Hearing Date(s) Mar 06	✓C
Jan 12	✓C	Mar 11	✓C
_____	____C	_____	____C
_____	____C	_____	____C
Date Out _____	____C		

Did this bill originate in an interim committee? ____Yes ____No

Committee _____ Report _____

STATE OF MONTANA

REQUEST NO. 23-81

FISCAL NOTE

Form BD-15

In compliance with a written request received January 7, 19 81, there is hereby submitted a Fiscal Note for House Bill 7 pursuant to Chapter 53, Laws of Montana, 1965 - Thirty-Ninth Legislative Assembly.

Background information used in developing this Fiscal Note is available from the Office of Budget and Program Planning, to members of the Legislature upon request.

Description of Proposed Legislation

An act regulating the utilization of physician's assistants and providing fees.

Comments

No dollar estimate can be made for House Bill 7. The Board of Medical Examiners has no data base which can be used to estimate the number of physician's assistants.

Lyle Manley

BUDGET DIRECTOR
Office of Budget and Program Planning

Date: 1/10/81

MINUTES OF THE HUMAN SERVICES COMMITTEE MEETING
JANUARY 9, 1981

The Human Services Committee convened in Room 103 of the Capitol Building on Friday, January 9, 1981, at 12:30 p.m. with Chairman Gould presiding. All members were present with the exception of Rep. Bardanouve.

The Chairman requested all witnesses to sign the witness sheet, and leave any prepared statements with the Secretary. HJR 1 was cancelled until a later date, and he asked if there were any witnesses present for hearing of this House Joint Resolution. There were none.

HB 7: Chairman Gould introduced Rep. Keyser, sponsor of the bill.

REP. KEYSER, sponsor of the bill, explained briefly the contents and purpose of the bill. When he finished, Chairman Gould said Proponents would testify first.

PROPONENTS: The following proponents gave testimony in favor of the bill and supported same, as is: (See visitor's register attached.)

1. Ralph Gildroy
2. Anita Poe Brown
3. Marti King
4. Edmund M. Bouchard
5. Bob Cleverley
6. Rose Skoog
7. Richard Murdock
8. Phil C. Loucks
9. Roy Handos
10. Jerry King
11. Ron Mohn (supports if amended)
12. Jesse Brown
13. Dave Lackman
14. Frank J. Davis

CHAD SMITH, representing the Montana Hospital Association, generally is in SUPPORT of the bill, but the Association feels the bill needs amendment. Hospitals have a serious problem with costs in charging more for their services than people are willing to pay, because of the cost for hospital Malpractice Insurance, and they are wondering what will happen to the Malpractice Insurance they carry. There are examples of where the use of physician's assistants has given rise in the number of insurance claims against hospitals. The MONTANA HOSPITAL ASSOCIATION would like an amendment included which would exempt the hospital from any liability.

(See Exhibit II and Fact Sheets attached.)

Mr. Smith continued that the courts ruled that a hospital is responsible for all actions that take place within the hospital.

CHAIRMAN GOULD stated that since there were no further Proponents, Opponents would now be recognized.

OPPONENTS: DONNA SMALL with the Montana Nurses' Association, said she and her organization oppose the bill as written, but would support it if amendments are incorporated. (See Exhibit I.)

ROLAND PRATT of the Montana Optometric Association opposed the bill, unless amended, (see attached Exhibit III). MARTY ELISON, with the Montana Nurses' Association also spoke as an opponent.

Since no further individuals spoke in opposition, THE CHAIRMAN opened the meeting to questions.

After questions were suitably answered, THE CHAIRMAN asked REP. KEYSER if he'd like to close. Representative Keyser said the group is interested in the training a P.A. receives, what he is required to do, the education he has is much different than that of a nurse's training, etc. He said training and the purpose of Physician Assistants is not in any way to supercede the nurses duties. He said the Nursing Association knew this law was coming up and he is only trying to give aid to the small areas who need Physician Assistants.

THE CHAIRMAN stated that due to the time and the number of amendments which would be required, the committee will meet in an Executive Session on this HB 7 on Monday, Jan. 12, 1981, 12:30 p.m.

REP. GOULD thanked the people who testified. He said Legal Researcher, Russ Josephson, will put the amendments together. Committee members can talk with him about anything they need to know.

The meeting was adjourned at 1:45 p.m.

BUDD GOULD, Chairman

hb

Donna Small

Montana Nurses' Association

2001 ELEVENTH AVENUE (406) 442-6710

P.O. BOX 5718 • HELENA, MONTANA 59604

Amendments

TESTIMONY ON HOUSE BILL 7

The Montana Nurses' Association does not oppose House Bill 7 if certain areas are amended. Areas of concern to the Montana Nurses' Association are:

1. The Montana Medical Association has long been concerned about the supervision of the Nurse Practitioner. MNA feels that the Physician's Assistant should at least have the same type of supervision as the Nurse Practitioner. Therefore, it is concerned about the wording on page 2, line 12, regarding duties being allocated to P.A.'s in different locations and also on page 3, lines 11 and 12, which allows the Board to establish the rules for the type of supervision that the physician will exercise over the P.A.

2. On page 3, line 24, would like to strike words "or a student in good standing" to assure that the P.A. has completed a training program. MNA also has no information on AMA's requirement for certification of P.A.'s and would like the MMA to provide that information for the Committee if it has not already done so.

3. Page 4, lines 4 and 5, strike words "or be eligible to take the examination." This section does not even put in a time limit, and the MNA feels it is necessary for the public's safety for the P. A. to be required to take the examination.

4. Page 4, lines 7 and 8, strike words "or be eligible for certification." Again, we feel it is necessary for the public's safety to have the P.A. certifi

5. The MNA also would like to request that the Committee amend in the following words, "The utilization plan shall not include duties which are to be performed by licensed nurses under the Nurse Practice Act."

Thank you for this opportunity to present our position.

Exhibit

Sheet 1 Chad Smith

2 Amendment

HOUSE BILL NO. 7

Mr. Chairman, I move to amend House Bill No. 7 by adding a new section as follows:

"NEW SECTION. Section 7. Exemption from liability. No hospital or health care facility shall be liable for the errors, omissions or actions of a physician's assistant."

Need law cites on this, please
Russ

MONTANA OPTOMETRIC ASSOCIATION

P.O. BOX 908 HELENA, MONTANA 59601
PHONE (406) 442-1432

TESTIMONY ON HOUSE BILL NO. 7

PUBLIC HEALTH, WELFARE, AND SAFETY COMMITTEE

My name is Roland D. Pratt, Executive Director of the Montana Optometric Association, and I am here to testify on House Bill No. 7 which relates to the licensing of physicians' assistants.

This bill, in its present form, cannot be supported by the MOA. We have some very deep concerns as to how this bill will affect the delivery of health care in Montana. In its present form, the bill does not specify that there be direct personal supervision or does it specify the number or location of physicians' assistants that a physician may supervise. In those states that have physicians' assistants bills the greater majority do have restrictions on the duties of physicians' assistants. Therefore, we would recommend that the Committee amend House Bill No. 7 to include the following:

amendment

"Nothing in this act shall be construed to authorize a physicians' assistant to perform those functions and duties specifically delegated by law to a person licensed as an optometrist as defined under Section 37 Chapter 10"

Our reason for this amendment is to eliminate the possibility of the proliferation of roadstop refraction stations. As I stated earlier, this concept is not new. Presently, 22 states have physicians assistants bills which have restrictions covering optometric practices Licensing laws are set up to protect the public, and we feel by this restriction we would not be allowing technicians to perform profession acts.

Exhibit III

VISITORS' REGISTER

HOUSE Human Services COMMITTEE Friday

BILL 7 Date 1-9-81

SPONSOR Rep. Keyser

NAME	RESIDENCE	REPRESENTING	SUPPORT
JOSEPH G. GRAY	HELENA	MONTANA HSA	
Anita Rae Brown	Ronan Mt 59853	Cabinet Med Clinic	✓
Marti King	St. Ignatius 59865		✓
EDMUND M. BOUCHARD	ENNIS MT. 59729	Madison Valley Hosp	✓
Bob CLEVERLEY	ENNIS MT. 59729	MADISON VALLEY HOSP	✓
Joe Skaug	Helena	Mont. Nursing Home Assn.	✓
Donna Small	Billings, 59102	MNA.	
Marty Gibson	Missoula, 59801	MNA	
Peter Meredith	Salt Lake City, Utah	UNIV. OF UTAH	✓
P.C. Lynch	Ennis	MADISON VALLEY HOSP.	✓
Peg Hayden	ENNIS	Madison Valley Clinic	✓
JERRY KING	ST. IGNATIUS, MT.	MISSION VALLEY CLINIC	✓
Ron Mohn	Kalispell, Mt.		✓
Jesse Brown	Town Mont.	CHOUTEAU CLINIC	✓
Cyril Smith	Helena	Mont Hosp. Assn	amend
J Casey	Institutions Helena	Institutions	
Richard D Pratt	Helena	Mt Opt. Assoc	
David B. Lackman	Helena	Mont. P.H. Assn.	✓
Frank J Davis	Great Falls	MT. ST. Pharmaceutical Assn	✓

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR LONGER FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Form CS-34
1-79

NAME JERRY KING BILL No. 7

ADDRESS ST. IGNATIUS, MT 59865 DATE 1/9/81

WHOM DO YOU REPRESENT Mission Valley Center

SUPPORT X OPPOSE AMEND

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments: I feel the BILL NEEDS to BE PASSED to take PAs out of the REALM of LIMBO -

My main Concern were Doctors because the problem that develops with Corporations PAs will Nurses & with Corporations PAs will Nurses & Midwives. The concept is to augment the team of PHYSICIAN & NURSES not replace. The NURSING PROFESSION FEELS PAs is not in the best interests of the Public but in the best interest of the NURSING Assoc. ONLY.

orm CS-34
.-79

NAME JESSE T. BROWN P.A.-C BILL No. 7

ADDRESS P.O. Box 625 NOXON MONT. 59853 DATE 1-9-81

WHOM DO YOU REPRESENT DR. THOMAS LAWRENCE M.D. (CABINET FAMILY CLINIC)

SUPPORT SUPPORT OPPOSE AMEND

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

① THIS BILL WOULD ENABLE BETTER UTILIZATION OF THE PA. PROFESSION TO SUPPLY MEDICAL CARE TO MANY UNDERSERVED AREAS IN MONTANA. MY COMMUNITY IS 55 MILES FROM NEAREST MD OR HOSPITAL. THERE ARE MANY 150 MILES WITHOUT MEDICAL SUPPORT. WE CAN AND WILL FULFILL THIS NEED!

② MOST OF THE HOOP HOLES DISCUSSED SHOULD NOT BE A PROBLEM SINCE IN THE END THE BOARD OF MEDICAL EXAMINER WILL REVIEW & APPROVE THE MD-PA PRACTICE

Form CS-34
1-79

NAME Alice Yuen BILL No. _____

ADDRESS PO Box 1062, St. Ignatius DATE 1/23/21

WHOM DO YOU REPRESENT _____

SUPPORT ✓ OPPOSE _____ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

The main directions presented by the nurses should be addressed in order to clarify the existing relationship of the health care team, and guide the patient. I would suggest laws already in existence that spell out these problems & solutions be examined. I emphasize the team aspect between physician assistants, nurses, nurse practitioners, physicians & all other support personnel. After the main concern of the health care of the community, and we should be able to find ways of working together. This bill would provide the groundwork for that effort. Please contact us at any & all points of concern on this bill.

orm CS-34
-79

NAME Anita Lee Brown BILL No. HB 7

ADDRESS P.O. Box 625 Noxon MT DATE 1/9/81

WHOM DO YOU REPRESENT health care consumers

SUPPORT ✓ OPPOSE AMEND

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

Noxon is a rural remote area where a physician practice is financially unfeasible. A P.A. is the only viable alternative in our area for primary care and emergency care. Not only money but lives have been saved by having a P.A. in the area. His supervision is not always on the premises. The board of Medical Examiners has evaluated the supervision in this specific situation and decided it was appropriate for this area. The beauty of this law is that it allows the Board of Medical Examiners to individually evaluate needs & situations. Too many amendments will nullify this benefit. PLEASE for the residents of Noxon, Heron, Trout Creek and many, many other communities who could be served by a P.A. do not require on-site supervision of an M.D. as the people who need them most will lose. The Board can define supervision -

orm CS-34
-79

NAME RICHARD T. MURDOCK BILL No. 7

ADDRESS 4806 WANDER LN. SALT LAKE CITY, UT DATE 1/9/81

WHOM DO YOU REPRESENT UTAH MEDEX PROJECT, UNIVERSITY OF UTAH

SUPPORT ✓ OPPOSE AMEND

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments: I feel that this bill is in the best interests of the people of Montana, as it has proved to be in many other states.

My specific comments concerned the history of the profession, the types of training programs, the quality of the individuals accepted for training, and the reasons behind the allowance for the interim period between program certification and national certification

Form CS-34
1-79

NAME Ronald D. Main, P.A.-C. BILL No. 7

ADDRESS P.O. Box 1007, Columbia Falls, Mont. DATE 1-9-81

WHOM DO YOU REPRESENT Self

SUPPORT ✓ OPPOSE _____ AMEND ✓

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

In general I would support the bill with the two following amendments to insure quality patient care.

1) That both a primary and secondary supervising physician be listed with the State Board of Medical Examiners to allow for necessary absences occasionally.

2) That a license being required by P.A.'s to practice obtainable only by those incoming P.A.'s that are from an AMA approved programs and have passed the national NCCPA board exam. Those who are qualified to take the exam but haven't should be required to pass the exam within a specified period or lose his temporary license.

Form CS-34
1-79

NAME Roland D Pratt BILL No. HB 7

ADDRESS Box 208 Helena DATE

WHOM DO YOU REPRESENT Mt Optometric Assoc

SUPPORT OPPOSE ✓ AMEND ✓

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

FACT SHEET

the PHYSICIAN ASSISTANT'S history

HOW DID THE IDEA OF THE PHYSICIAN ASSISTANT COME ABOUT?

The concept was born in 1961 when Charles L. Hudson, M.D., in an American Medical Association Journal article, called for "an advanced medical assistant with special training, intermediate between that of the technician and that of the doctor, who could not only handle many technical procedures but could also take some degree of medical responsibility."

HOW LONG DID IT TAKE TO GET OFF THE GROUND?

Four years. In 1965, Eugene A. Stead, Jr., M.D., launched at Duke University the first PA program with admission of four exmilitary corpsmen to be trained as assistants to the primary care physician.

DID THE IDEA GROW ONCE IT WAS UNDERWAY?

Twelve programs were in operation by 1972. Since then, under the impetus of The Comprehensive Health Manpower Training Act of 1971, the number of programs has risen to nearly 60 from which some 1,500 PAs are graduated annually.

ARE THERE ANY CONTROLS OVER THE PROGRAMS AND WHAT THEY TEACH?

Yes. The programs must be accredited. This began in 1972 when, under the sponsorship of the American Medical Association, a Joint Review Committee was formed to inaugurate a process of accrediting programs that was approved by the U.S. Commissioner of Education in 1974.

IS THERE ANY COMMUNICATION BETWEEN THE VARIOUS PROGRAMS?

The Association of Physician Assistant Programs was founded in 1972 to facilitate the exchange of information and to provide mutual support in such areas as curriculum development and continuing medical education. Virtually all accredited programs are now members of the Association which has been instrumental in defining the role of PAs in the health care delivery system.

WHEN DID CERTIFICATION OF PHYSICIAN ASSISTANTS FIRST BEGIN?

In 1972 when the National Board of Medical Examiners began development of a PA certification examination - the first non-M.D. examination it had ever produced. The examination was first given in 1973. The following year 14 national organizations voluntarily formed the National Commission on Certification of Physician Assistants which now determines eligibility for the examination and establishes its criteria.

ARE THERE ANY PROVISIONS FOR THE CONTINUING EDUCATION OF PHYSICIAN ASSISTANTS?

Yes. In order to maintain their membership in the American Academy of Physician Assistants PAs must every two years meet rigid continuing education requirements. The Academy was organized in 1968 and is now recognized as the inclusive organization most representative of the physician assistant profession in the United States today.

WHERE MAY I OBTAIN ADDITIONAL INFORMATION ON PHYSICIAN ASSISTANTS?

American Academy of Physician Assistants
2341 Jefferson Davis Highway, Suite 700
Arlington, Virginia 22202
Telephone: (703) 920-5730

FACT SHEET

the PHYSICIAN ASSISTANT'S role

WHAT IS THE FUNCTION OF A PHYSICIAN ASSISTANT?

To provide diagnostic and therapeutic patient care in order to free his supervising physician to spend more time with complex patient problems only he can treat. The PA is qualified to perform a minimum of 70 percent of the clinical procedures carried out by general practice physicians.

HOW DEEPLY INVOLVED IS A PHYSICIAN ASSISTANT WITH PATIENT HISTORIES?

The PA interviews patients and compiles patient histories. In so doing, he gives physical examinations as necessary and orders or gives required diagnostic tests.

WHAT DOES THE PHYSICIAN ASSISTANT DO WITH A COMPLETED PATIENT HISTORY?

The PA analyzes it along with the physical examination results to make a preliminary diagnosis with or without consulting with the physician he assists. That depends on the type of case involved and the PA's working relationship with the physician.

WHAT HAPPENS AFTER THE DIAGNOSIS?

The PA develops a treatment plan and explains it to the patient. When appropriate, he also will confer with his supervising physician and even other professionals before implementing treatment.

WHAT TYPE OF THERAPY AND PROCEDURES DOES A PHYSICIAN ASSISTANT PERFORM?

The PA administers medications and performs intubation and cannulations. Also performed are a wide range of musculoskeletal, pulmonary, ear, nose, throat, cardiovascular, gastrointestinal, genitourinary, obstetrical, and gynecological therapies.

WHAT ABOUT SURGICAL PROCEDURES?

The PA carries out a variety of minor surgical procedures. They range from administering topical and digital block anesthesia through caring for wounds to excising superficial skin lesions.

IS A PHYSICIAN ASSISTANT INVOLVED IN TREATMENT OF EMERGENCY CASES?

The PA treats all types of emergency cases from severe drug reaction to cardiac arrests. They're even trained to handle psychiatric crises and to carry out uncomplicated deliveries.

(over)

IS A PHYSICIAN ASSISTANT CONCERNED WITH PATIENT EDUCATION AND COUNSELING?

The PA counsels patients and their families on the implication of tobacco and alcohol abuse, the warning signs of cancer, and many other preventive health care topics. They also educate them on such things as nutrition, prevention of infections, home care symptomatic therapy, and aspects of pregnancy, childbirth, and parenthood.

DOES PHYSICIAN ASSISTANT COUNSELING INCLUDE MENTAL HEALTH?

Only in nonreferral mental health problems. The PA is trained to assist patients in such areas as exposing and expressing their feelings and to relating their psychological needs to their physical ability.

IN WHAT PARTS OF THE COUNTRY DO PHYSICIAN ASSISTANTS WORK?

The results of a 1976 physician assistant national survey showed that of the 3,167 PAs who responded one-third resided in the south while the northeast, north central, and western states each had one-fifth.

TABLE 15 Geographic Distribution of Employed Physician Assistants

Geographic Location	Percent of PAs*	Geographic Location	Percent of PAs*
Northeast	(20.6)	North Central	(20.6)
Connecticut	2.2	Illinois	1.6
Maine	1.2	Indiana	1.8
Massachusetts	2.2	Iowa	1.6
New Hampshire	1.0	Kansas	1.8
New Jersey	0.6	Michigan	3.7
New York	7.7	Minnesota	0.7
Pennsylvania	4.7	Missouri	1.3
Rhode Island	0.2	Nebraska	1.0
Vermont	0.7	North Dakota	0.8
		Ohio	3.4
		South Dakota	0.7
		Wisconsin	2.0
South	(34.7)	West	(21.6)
Alabama	1.2	Alaska	1.6
Arkansas	0.4	Arizona	1.3
Delaware	0.2	California	8.2
District of Columbia	1.1	Colorado	2.4
Florida	4.8	Hawaii	0.3
Georgia	3.8	Idaho	0.5
Kentucky	1.3	Montana	0.3
Louisiana	0.3	Nevada	0.5
Maryland	2.5	New Mexico	1.5
Mississippi	0.3	Oregon	0.6
North Carolina	5.6	Utah	0.6
Oklahoma	3.3	Washington	3.3
South Carolina	1.7	Wyoming	0.4
Tennessee	1.0		
Texas	5.0		
Virginia	1.2		
West Virginia	1.0		
		Outside United States	(2.6)

* Percents are based on 3167

(over)

HOW AUTHENTIC IS THE INFORMATION YOU HAVE PROVIDED ME?

It is based on a government study of some 4,000 physician assistants who were asked what duties they performed during the first year following their certification.

WHERE MAY I OBTAIN ADDITIONAL INFORMATION ON PHYSICIAN ASSISTANTS?

American Academy of Physician Assistants
2341 Jefferson Davis Highway, Suite 700
Arlington, Virginia 22202
Telephone: (703) 920-5730

FACT SHEET

the PHYSICIAN ASSISTANT'S training

WHAT TRAINING DO PHYSICIAN ASSISTANTS HAVE?

They are graduates of accredited programs which trained them to be interdependent health care practitioners who practice under the direction and supervision of a licensed physician.

WHO ACCREDITS PHYSICIAN ASSISTANT PROGRAMS?

PA programs are accredited by the Joint Review Committee on Educational Programs for Physician Assistants which was established by the American Medical Association. Collaborating with and supporting the Joint Review Committee are the American Academy of Family Physicians, American Academy of Pediatrics, American Academy of Physician Assistants, American College of Physicians, American College of Surgeons, and the American Society of Internal Medicine.

WHAT HEALTH CARE FUNCTIONS IS THE PHYSICIAN ASSISTANT TRAINED FOR?

A physician assistant is trained to perform patient histories, give comprehensive physical examinations, do simple diagnostic laboratory tests, implement basic treatment procedures for common illnesses, and treat emergency cases. In fact, PAs are qualified to perform a minimum of 70 percent of the clinical procedures carried out by physicians in general practice.

HOW LONG IS THE PHYSICIAN ASSISTANT'S EDUCATION?

Generally 24 months in length. The programs are offered at medical schools and colleges and universities affiliated with teaching hospitals and local preceptorships.

HOW IS THE CURRICULUM OF PHYSICIAN ASSISTANT PROGRAMS STRUCTURED?

Programs normally are divided into approximately nine months of basic science and preclinical subjects followed by 15 months of structured clinical practicums consisting of rotations through such areas as clinical medicine, surgery, pediatrics, ob-gyn, and psychiatry.

WHAT ARE THE FIRST-YEAR COURSES?

Such basic science studies as anatomy, physiology, pathology, microbiology, and pharmacology, as well as courses in behavioral science and medical ethics.

WHAT COLLEGE EDUCATION DO PHYSICIAN ASSISTANTS HAVE?

Of those who completed PA programs in 1976, 46.6 percent entered the programs with bachelor or master degrees, 13.7 percent with associate degrees, and 85.15 percent with some college background.

(over)

DO PHYSICIAN ASSISTANTS HAVE EXPERIENCE IN OTHER HEALTH CARE FIELDS?

Some 55 percent of those who graduated in 1976 had prior informal training in another health field, 47 percent had prior military experience in another health field, and 30 percent had prior civilian experience in another health profession.

HOW LONG WAS PREVIOUS MILITARY HEALTH EXPERIENCE?

Prior military experience of the graduates ranged from about six years for previous corpsmen, RNs, and medical technologists to 18 months as an orderly.

WHAT ABOUT PRIOR CIVILIAN HEALTH EXPERIENCE?

Prior civilian experience of the 1976 class ranged from nearly nine years as a RN or radiologic technician to 17 months as a nurses' aide.

WHERE MAY I OBTAIN ADDITIONAL INFORMATION ABOUT PHYSICIAN ASSISTANTS?

American Academy of Physician Assistants
2341 Jefferson Davis Highway, Suite 700
Arlington, Virginia 22202
Telephone: (703) 920-5730

FACT SHEET

the PHYSICIAN ASSISTANT'S professional credentials

ARE PHYSICIAN ASSISTANTS LICENSED OR CERTIFIED?

Most hold certification from the National Commission on Certification of Physician Assistants which was formed by 14 national organizations in 1974 to determine examination eligibility and establish examination criteria. More than 34 states now require PAs to be certified in order to practice.

HOW IS PHYSICIAN ASSISTANT CERTIFICATION OBTAINED?

The physician assistant must pass a stringent examination developed and administered by the National Board of Medical Examiners under a contract with the National Commission on Certification of Physician Assistants.

ARE THERE ANY TIME LIMITS ON CERTIFICATION?

Certification is for six years and must be re-registered every two years.

WHAT ARE THE REREGISTRATION REQUIREMENTS?

The National Commission on Certification requires PAs earn 100 clock hours of approved continuing medical education credit every two years in order to reregister their certification.

HOW DOES THE COMMISSION KNOW ITS REQUIREMENTS ARE MET?

Through the American Academy of Physician Assistants which authenticates all continuing medical education records and is the sole avenue to reregistration.

HOW DOES THE ACADEMY RECORD THE CREDITS?

It maintains continuing medical education computerized credit logs which are verified twice a year for each of its members as part of its membership services. It does the same for nonmembers on a fee basis.

WHAT DO THE CONTINUING EDUCATION CREDITS CONSIST OF?

There are two continuing medical education credit categories. The first consists of educational activities under accredited sponsorship. The second is made up of activities carried out by nonaccredited sponsors and other meritorious learning experiences.

WHAT ARE CONTINUING EDUCATION PROGRAMS WITH ACCREDITED SPONSORSHIP?

Any continuing medical education program recognized by the American Medical Association or a recognized state medical association. They also include programs of other organizations approved by the American Academy of Physician Assistants.

WHAT ARE THE PROGRAMS IN THE SECOND CATEGORY?

Any continuing medical education activities sponsored by an organization not accredited by the American Medical Association or the American Academy of Physician Assistants. They also include such activities as teaching health profession personnel, making formal presentations at medical meetings, writing medical papers, and self-learning experiences.

ARE THERE SPECIAL REQUIREMENTS REGARDING THE TWO CATEGORIES?

A minimum of 40 of the required 100 hours must be accredited sponsorship programs. The balance can be in either category.

WHAT'S TO PREVENT THE RAPID ACCUMULATION OF CREDITS TO AVOID CONTINUOUS STUDY?

No more than 100 hours are credited during a single two-year period. If more hours are logged, they are not credited to the next reporting period.

WHERE MAY I OBTAIN ADDITIONAL INFORMATION ABOUT PHYSICIAN ASSISTANTS?

American Academy of Physician Assistants
2341 Jefferson Davis Highway, Suite 700
Arlington, Virginia 22202
Telephone: (703) 920-5730

FACT SHEET

the PHYSICIAN ASSISTANT's role in hospitals

WHAT FUNCTIONS DO PAs CARRY OUT IN HOSPITALS?

Under the supervision of a licensed physician, PAs carry out a variety of delegated functions that permit medical staffs to focus their skills where they are most needed. These PA functions include conducting patient histories and physical examinations, carrying out general workups following physician diagnosis of patient problems, and assisting in rounds.

ARE THERE OTHER FUNCTIONS PAs CARRY OUT?

PAs also initiate orders for appropriate examinations or tests required to evaluate a patient's illness, counsel patients, prepare summaries of patient hospital and clinic care, manage medical emergencies, and assist in surgery.

WHAT CLINICAL PROCEDURES ARE PERFORMED BY PAs?

PAs are fully qualified to perform at least 70 percent of the clinical procedures carried out by physicians in general practice.

WHAT IS THE RELATIONSHIP OF A PA TO OTHER HOSPITAL NONPHYSICIAN PERSONNEL?

Normally the directions given by a PA under the delegated authority of a physician are carried out as though given by the physician. Deviations from this procedure, however, may be present due to state laws or to a particular hospital's general, institutional, or PA guidelines.

WHAT IS THE POSITION OF THE AMERICAN MEDICAL ASSOCIATION AND THE AMERICAN HOSPITAL ASSOCIATION ON HOSPITAL UTILIZATION OF PAs?

Both recommend PAs be utilized under the supervision of a licensed physicia and be integrated into a single medical staff governed by a single set of bylaws. They also recommend the extent of functions, responsibilities, and privileges be determined for each PA based on individual credentials, qualifications, and competency.

IS THERE ANY DIFFERENCE IN THE POSITIONS OF THE AMA AND AHA ON THE UTILIZATION OF PAs BY HOSPITALS?

The AMA feels a PA should be an employee of a licensed physician affiliated with the hospital rather than of a hospital on grounds that this system better assures the quality of PA services. The AHA calls only for the designation of a physician supervisor.

WHAT DOES THE JOINT COMMISSION ON ACCREDITATION OF HOSPITALS SAY ABOUT HOSPITAL UTILIZATION OF PAs?

The JCAH supports the concept that PAs can "exercise judgment within their areas of competence, participate directly in the management of patients under supervision, and write orders." To back this, it requires hospital

(over)

medical staffs to establish rules and regulations governing the utilization of PAs.

DOES A HOSPITAL UTILIZING THE SERVICES OF A PA FACE ADDED LIABILITY?

Both HEW and the AMA general cousel have stated evidence does not support a PA increases liability. There have been no malpractice judgments against PAs and professional liability insurance is available both for PAs and PA employers.

WHAT IS THE EMPLOYEE STATUS OF PAs WORKING IN HOSPITALS?

The PA may be an employee of the hospital supervised by a hospital-salaried staff physician, an employee of and supervised by a hospital-salaried staff physician, or employed and supervised by a private physician, who is a member of the hospital's attending staff, in order to render services exclusively for the employing physician.

HOW ARE PA SERVICES GENERALLY REIMBURSED?

Under existing public and private insurance plans, reimbursement for PA services always goes the employer whether it is a hospital or a physician.

DOES MEDICARE REIMBURSE FOR PA SERVICES?

Medicare policy considers the services of hospital-employed PAs as allowable costs under Part A. Employing physicians are reimbursed under Part B when the physician is directly involved in the encounter with the patient and the services rendered are normally furnished in the physician's offices and are commonly included in the physician's bills. In both cases for such reimbursement, the PA's activities must be under direct and immediate physician supervision.

ARE MEDICAID PA SERVICES REIMBURSED?

Policy varies from state to state. Generally, recognition is given a physician's right to employ PAs, within legal parameters, and to bill and be reimbursed through Medicaid in accordance with prevailing regulations for their services when performed under the physician's direct supervision.

DO PRIVATE THIRD-PARTY CARRIERS REIMBURSE FOR PA SERVICES?

Most private third-party carriers consider services rendered by hosptial-employed and supervised PAs are reimbursable as part of the hospital's general service expenses. Reimbursement for the services of physician-employed PAs assumes the existence of direct physician involvement.

WHERE MAY I OBTAIN ADDITIONAL INFORMATION ABOUT HOSPITAL UTILIZATION OF PAs?

American Academy of Physician Assistants
2341 Jefferson Davis Highway, Suite 700
Arlington, Virginia 22202
Telephone: (703) 920-5730

FACT SHEET

the PHYSICIAN ASSISTANT'S cost effectiveness in an HMO

DOES THE USE OF PHYSICIAN ASSISTANTS SAVE AN HMO MONEY?

A special study at a California health maintenance organization revealed that physician assistants made possible a 92 percent reduction in physician time per patient and cut average visit costs by 20 percent.

HOW WERE THE TIME AND COSTS COMPUTED?

On a physician-only vs. physician assistant-only basis treating respiratory infections, urinary and vaginal infections, headache, and abdominal pain. Protocols were used to guide the PAs in their work.

DID THE PHYSICIANS SEE THE SAME PATIENTS AS THE PHYSICIAN ASSISTANTS?

Physicians saw their own patients alone and served as consultants to the PAs. Patients treated by the PAs saw a physician only when judged necessary by the PA.

HOW MUCH TIME DID PHYSICIANS DEVOTE TO CONSULTATION?

Physician time required for consultation on physician assistant patients was 92 percent less than the time the physicians devoted to dealing with the same clinical problems of their own patients.

WAS PHYSICIAN EFFICIENCY IMPAIRED BY CONSULTATION DUTIES?

The study did not measure whether the time the physicians spent in consultation regarding physician assistant patients affected their efficiency in treating their own patients. However, the physicians did not think their efficiency was affected.

WAS THERE ANY DIFFERENCE IN THE TIME SPENT WITH PATIENTS?

The physician assistants spent only four to nine minutes more than physicians per patient visit.

WHAT ABOUT MANPOWER AND OTHER COSTS?

Physician assistant manpower costs were 46 percent less than those of the physicians. Laboratory and medication costs were not significantly different. Physician assistant overall combined costs were 20 percent below those of the physicians.

HOW MANY PATIENTS WERE TREATED DURING THE STUDY?

Over a five-month period, 472 visits of new patients were studied with 203 of them assigned randomly at a ratio of two patients treated by a physician assistant to one treated by a physician

WHAT WAS THE PATIENT RETURN VISIT PATTERN?

Approximately one-third of all patients made return visits for related problems within two months of their initial visits. Two physician assistant patients and two physician patients were hospitalized for problems related to their initial visits.

DID STUDY RESULTS AFFECT STAFFING OF THE CLINIC?

Prior to the study 10 physicians and three physician assistants saw approximately 2,700 patients per month. Two years later, 6.5 physicians and six physician assistants were seeing 2,900 patients per month at a savings of $108,030 in annual salary costs.

WHERE MAY I OBTAIN ADDITIONAL INFORMATION ON PHYSICIAN ASSISTANTS?

American Academy of Physician Assistants
2341 Jefferson Davis Highway, Suite 700
Arlington, Virginia 22202
Telephone: (703) 920-5730

Sheet 1 — L. Smith

HOUSE BILL NO. 7

Mr. Chairman, I move to amend House Bill No. 7 by adding a new section as follows:

"NEW SECTION. Section 7. Exemption from liability. No hospital or health care facility shall be liable for the errors, omissions or actions of a physician's assistant."

Need [illegible] copies of this, please
Russ

Sheet 1
L. Smith

HOUSE BILL NO. 7

Mr. Chairman, I move to amend House Bill No. 7 by adding a new section as follows:

"NEW SECTION. Section 7. Exemption from liability. No hospital or health care facility shall be liable for the errors, omissions or actions of a physician's assistant."

Need few copies of this, please
Russ

EXECUTIVE SESSION

HOUSE BILL #50

RUSS JOSEPHSON, Legislative Researcher stated that the title of this bill should be changed. REP. KEYSER moved that the title of the bill read as follows: "AN ACT TO PROVIDE VOCATIONAL TRAINING TO THE DISABLED AND THE BLIND AFTER A FINANCIAL NEEDS DETERMINATION HAS BEEN MADE; AMENDING SECTIONS 53-7-105 AND 53-7-306, MCA."

REP. KEYSER moved that a DO PASS AS AMENDED notation be made on HB #50. It was seconded by REP. WINSLOW. Let the record show that it passed unanimously.

HOUSE BILL #70

A motion was made by REP. MENAHAN to amend House Bill #70 by adding "in Montana" on page 1, line 25 after "profession". It was seconded and passed as a DO PASS, AS AMENDED unanimously.

HOUSE BILL #7

House Bill #7, an act regulating the utilization of physicians' assistants, amending Section 37-3-103, MCA was brought up for action by the committee. A Do Pass motion was made by REP. KEYSER and seconded by REP. SWITZER.

RUSS JOSEPHSON, Legislative Researcher, responded to questions and explained several possible amendments to HB #7:

1. Clarifying types and amount of supervision
2. Exemption by optometric aides to supervision
3. Satellite practice
4. Eliminating "or a student in good standing in"
5. On page 3, line 24 - Nurses concern about students working as PAs.
6. Delete language on page 4, lines 4 and 5 regarding eligibility
7. Line 19: Proposed amendment for a PA to practice for one year from the time of the temporary to full approval.

REP. KEYSER moved that on page 4, line 4 "or be eligible to take the examination;" be deleted.

REP. WINSLOW moved that an amendment be made to that amendment including the deletion on page 4, lines 7 and 8 "or be eligible for certification;". This completed amendment was seconded and passed unanimously as amended.

REP. SWITZER moved to amend the bill as follows:

> "NEW SECTION. Section 7. Exemption from liability. No hospital or health care facility shall be liable for the errors, omissions or actions of a physician's assistant."

The motion was seconded by REP. WINSLOW; it passed as amended with REPRESENTATIVES BRAND and MANNING dissenting.

REP. CONN stated that the Nursing Association has asked for clarification in this bill on the question of supervision. She moved that the following amendment be made:

> "That both a primary and secondary medical doctor be listed with the Board of Medical Examiners to allow for back-up supervision, in case of absence of the primary medical doctor."

There was unanimous approval of the amendment.

REP. KEYSER moved for a DO PASS AS AMENDED on HB #7. The bill passed with REP. BRAND dissenting.

RUSS JOSEPHSON asked that an amendment of language on page 8, line 7 through 11 be considered and explained the legal issues involved. He suggested the amendment be as follows: On page 8, line 7 comes back in; line 8 is deleted and replaced with "appropriate amount and type of supervision of a" and lines 9, 10 and 11 come back in with the exception of the final "and" which is deleted.

A motion to reconsider the amendment of the Statute on those lines passed.

REP. WINSLOW made a motion that the amendment proposed by Russ be adopted. It was seconded and passed.

REP. CONN made a motion for a DO PASS AS AMENDED. It was seconded and passed with REP. BRAND dissenting.

The meeting was adjourned at 2:20 p.m.

Respectfully submitted,

Budd Gould, Chairman

MINUTES OF THE MEETING
PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE
MONTANA STATE SENATE

March 6, 1981

The meeting of the Public Health, Welfare and Safety Committee was called to order by Chairman Tom Hager on Friday, March 6, 1981, at 12:30 in Room 410 of the State Capitol Building.

ROLL CALL: All members were present with the exception of Senator Himsl who was excused. Senators Johnson and Halligan arrived late. Kathleen Harrington, staff researcher, was also in attendance.

Many visitors were in attendance. (See attachments)

CONSIDERATION OF HOUSE BILL 7:

Representative Kerry Keyser of District 81, sponsor of HB 7, gave a brief resume.

This bill is an act regulating the untilization of physician's assistance.

Section 1 states that the Board of Medical Examiners will be responsible for administering the act.

Section 2 states that a physician's assistant may not be employed unless he is supervised by a licensed physician and a physician's assistant utilization plan has been filed with the Board. The plan must include the name and qualifications of the physician and his assistant, the nature and location of the physician's practice the duties and the location of the duties assigned to the assistant and the name and qualifications of a second physician that would substitute for the supervising physician. The Board must approve the plan if it finds the duties assigned to the assistant have been assigned by the supervising physician and are within the scope of the training, knowledge, experience, and practice of both the physician and the assistant. However, the functions and duties of an optometrist may not be delegated under this act.

Section 3 outlines the qualification of the supervising physician and his assistants. The supervising physician must be licensed and must submit a statement concerning the qualifications of his assistant, and the type of supervision the assistant will receive, as well as information on his own qualifications and experience. The assistant must be of good character, a graduate of a physician's assistant training program, as well as having passed an examination on physician's assistants and hold current certification by the national commission on physician's assistants.

Section 4 provides for a utilization plan approval fee. The approval of the plan will be in effect for one year and may be renewed under the original conditions. A renewal fee will also be charged.

Section 5 provides a penalty for employing or practicing as a physician's assistant without Board approval. It also allows for withdrawal of approval under certain conditions.

Section 6 provides for the exemption from approval of physicians, dentists and dental hygienists, osteopaths, podiatrists, pharmacist nurses, nursing home administrators, optometrists, physical therapi chiropractors, acupunturists, radiologic technologists, speech pathologists, and audiologists, hearing aid dispensers, psychologis and cosmetologists.

Section 7 provides that a physician's assistant may render services provided for in this act without having a physician's license.

Section 8 exempts a hospital or health care facility for liability with regard to the physician's assistant.

Section 9 gives the Board rulemaking authority for implementing the provisions of the act.

Representative Keyser introduced a letter from Dr. Gene Wilkins of Ennis who supports this bill.

Ronald Haydlor, a physician's assistant from Ennis, stood in support of the bill. Mr. Haydlor stated that in their office, the doctor is able to handle the more serious cases and he, Mr. Haydlor, handles the routine colds and flu problems. However, if a more serious problem arises Dr. Wilkins is called in to diagnose and treat the patient. Quality patient care is of utmost importance.

Jerome Loendorf of the Montana Medical Association stood in support of the bill. He stated that he has worked on this bill since 1975. Mr. Loendorf offered some amendments to help improve the bill:

1) Page 3, line 7.
Following: "Chapter 10"
Insert: "nor shall this act be construed to prohibit physician' assistants from performing such functions and duties in accordance with Section 37-10-102."

2) Page 4, line 10.
Following: "association"
Strike: ";"
Insert: "or a graduate of an approved medical school as defined in Section 37-3-102;"

It was the intent of the Board of Medical Examiners to take many things into consideration.

Jerry King, a physician's assistant from the Mission Valley Clinic in St. Ignatius stood in support of the bill. He stated that most doctors believe this is a very viable way to help health care today. He than asked for the committees support of the bill.

D. Golos, a women's health care specialist trained in obstetrics and gynecology, stated that the purpose of his bill is to provide a means by which legitimately trained and competent P.A.'s can be identified and reviewed for the protection of the people of the United States. However, it would be inconsistent to provide that means for only one type of P.A. and ignore those trained within specialities who may be functioning in the United States.

Jesse Brown of Scout Creek, Montana working under a doctor in a different town stated that the nearest hospital to his area is 55 miles away, that can mean the difference between life and death. His role in that rural area is very necessary.

Janice Bodley, an R.N. from Ennis, stated that she has worked wi Ron Haydlor at the hospital there in Ennis. There is a definite need for P.A.'s. Nurses and P.A.'s are two separate fields, and they both compliment each other. Mrs. Bodley then asked for support from the Committee for the bill.

Senator Judy Jacobsen, representing the Butte-Silverbow distric stood in support of the bill. Senator Jacobsen offered an amend ment which would read as follows:

1) Page 9, line 10.
Following: "licenses and"
Insert: ",with the exception of those licensees who hold a medical degree,"

This would make it so that a person could not use the title "M.D." unless the title has been earned.

Dr. Richard Sims, chief of staff of the Boulder River School and Hospital told the Committee of the many problems which are encountered in their attempt to deliver health care to the severely handicapped. Treatment of the mentally retarded with their frequently associated neurological and other systemic maladies is somewhat sophisticated and specialized. Dr. Sims read from written testimony. He requested that the Committee give careful scrutiny to HB 7, then vote favorably. (See attachment)

Senator Mike Anderson, of Senate District 40, stood in support

of the bill. Senator Anderson offered amendments, which he felt would improve the bill:

1) Page 1, line 20.
Following: "firm,"
Insert: "state institution"

2) Page 4, line 8.
Following: "(b) be"
Insert: "a graduate of a medical college or"

3) Page 3, line 8.
Strike: "American medical association"
Insert: "board of medical examiners"

4) Page 4, line 12.
Strike: "national commission on physician's assistants"
Insert: "board of medical examiners"

5) Page 4, line 15 through 17.
Strike: subsection (d) in its entirety
Renumber: subsequent subsections accordingly

Bill Hoffelder, a P.A. with the Air Force stationed in Great Falls, stated that there is a definite need for this bill. P.A.'s are a great help to the doctors and the general public as well.

With no further proponents, Chairman Hager called on the opponents Hearing none, Representative Keyser closed. He stated that this bill is for the protection of the public. P.A.'s are needed to assist the doctors in their work. He asked for favorable consideration of House Bill 7.

The meeting was opened to a question and answer period from the committee.

Senator Berg asked if P.A.'s must be licensed. He was referred to page 5, subsection 2 of the bill.

Senator Norman brought up the question of malpractice suits and liability insurance. Most doctors carry liability insurance which covers their P.A. and also most hospitals carry insurance which would cover P.A.'s.

Dr. Norman asked what is the usual amount of insurance carried to cover P.A.;s. He was told $150,000 is usually standard.

CONSIDERATION OF HOUSE BILL 531:

Representative Michael Keedy, of District 18, sponsor of HB 531, gave a brief resume. This bill is an act to provide a person access to his medical records. Representative Keedy stated that the bill has two parts: 1) the new wording, and 2) the existing

ROLL CALL

PUBLIC HEALTH, WELFARE & SAFETY COMMITTEE

47th LEGISLATIVE SESSION - - 1981 Date March

NAME	PRESENT	ABSENT	EXCUSED
Tom Hager	✓		
Matt Himsl			✓
S. A. Olson	✓		
Jan Johnson	✓		
Dr. Bill Norman	✓		
Harry K. Berg	✓		
Michael Halligan	✓		

Each day attach to minutes.

DATE _____

COMMITTEE ON _____

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One: Support	Opp
[illegible]	MT Nurses' Assoc.	HB7	—	
[illegible]	MT Opt. Assn	HB7	"	
[illegible]	Mont Med Assn.	HB7	✓	
" "	" "	HB31		✓
LOREN E McKERROW, MD	Mont. Medical Assn	HB7	✓	
[illegible]	Self	HB7	✓	
[illegible]	[illegible]	HB7	✓	
[illegible]	[illegible]	HB7	✓	
[illegible]	[illegible]	[illegible]	✓	
Jerry Jacobson	Senator	HB7	✓	
[illegible]		HB7	✓	
[illegible]	Self	HB7	✓	
[illegible]	Self	HB7	✓	

GENE C. WILKINS, M.D.
DIPLOMATE AMERICAN BOARD OF FAMILY PRACTICE
BOX 547
ENNIS, MONTANA 59729
TELEPHONE (406) 682-4223

March 5, 1981

To Whom It May Concern:

Re: HB #7

Since I am unable to attend the Senate hearing regarding HB #7 I have written this brief statement which I hope can be read at the hearing on March 6, 1981. There are several reasons that I support this bill and I will attempt to state them briefly here.

I have practiced as a Family Physician in Ennis for the past sixteen years and eight of these years were as a solo physician. The past eight years I have employed a Physicians Assistant or Extendor. I can honestly say I would not be practicing in Ennis at this time or the past several years if it had not been for the aid of this Physician Assistant. He has been a tremendous help to me and has relieved me of the constant pressures of this type of practice.

There are numerous situations such as this in Montana where the physicians are under these pressures. There are also communities that are losing their physicians and are unable to replace them because of this type of practice with it's many demands. The younger physicians that enter the state are reluctant to go into these situations and are more inclined to practice in a larger city and within a group of physicians. I feel that the physician extendor program and its acceptance would alleviate some of these problems and provide more health care to these areas.

The initial concept of the physicians extendor was to assist primary care physicians in rural or isolated areas and relieve the physician of many of his routine duties. This concept is especially suited to the sparsely populated rural areas that we have in Montana. Ironically, Montana is one of the last one or two states in the United States that has not passed some sort of legislation that would recognize or regulate this group of medical personnel.

Another very important reason for this type of legislation is that it would control the quality of people providing this type of care by requiring suitable training, examinations and certification of the individual physicians extendor before he is allowed to work in the state.

I strongly support this bill and feel that its passage would benefit many of the people of Montana.

Sincerely,

G. C. Wilkins MD

G. C. Wilkins, M. D.

GCW/gp

NAME: Ronald E Waydlow DATE: 3/6/89

ADDRESS: Ennis MT

PHONE: 682-4614

REPRESENTING WHOM? _____

APPEARING ON WHICH PROPOSAL: DA Bill

DO YOU: SUPPORT? ✓ AMEND? _____ OPPOSE? _____

COMMENTS: _____

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

experience, and practice of the supervisory physician; and

(c) within the scope of the training, knowledge, education, and experience of the physician's assistant. NOTHING IN THIS ACT SHALL BE CONSTRUED TO AUTHORIZE A PHYSICIAN'S ASSISTANT TO PERFORM THOSE FUNCTIONS AND DUTIES SPECIFICALLY DELEGATED BY LAW TO A PERSON LICENSED AS AN OPTOMETRIST AS DEFINED UNDER TITLE 37, CHAPTER 10, nor shall this act be construed to prohibit physicians assistants from performing such functions and duties in accordance with Section 37-10-102.

NEW SECTION. Section 3. Qualifications of supervising physician and physician's assistants. (1) Each supervising physician named in the utilization plan required by [section 2] shall:

(a) possess a current, unrestricted license to practice medicine in this state;

(b) submit a statement to the Montana state board of medical examiners that, in his opinion, the assistant to be employed is of good character and is both mentally and physically able to perform the duties of a physician's assistant described in the utilization plan;

(c) submit a statement to the board that he will exercise supervision over the physician's assistant in accordance with any rules adopted by the board and will retain professional and legal responsibility for the care and treatment of his patients; and

(d) submit detailed information to the board regarding the physician's professional background, medical education,

internship and residency, continuing education received, membership in state and national medical associations, hospital and staff privileges, and such other information as the board may require.

(2) Each physician's assistant named in the utilization plan required by [section 2] shall:

(a) be of good character;

(b) be a graduate of ~~or a student in good standing in~~ a physician's assistant training program approved by the American medical association, or a graduate of an approved medical school as defined in Section 37-3-102;

(c) have taken an examination recognized by the national commission on physician's assistants and received a score satisfactory to the board ~~or be eligible to take the examination~~;

(d) hold a current certification by the national commission on physician's assistants ~~or be eligible for certification~~; and

(e) submit to the board detailed information on the applicant's history, education, and experience and such other information as the board may require.

NEW SECTION. Section 4. Utilization plan approval fee -- renewal of approval -- renewal fee. (1) Every physician, office, firm, or professional service corporation proposing to employ a physician's assistant shall pay to the board a utilization plan approval fee in an amount set by the board.

NAME: Mike King DATE: 3/6/07

ADDRESS: PO #142

PHONE: 745-4687

REPRESENTING WHOM? Mission Valley Clinic, St Ignatius

APPEARING ON WHICH PROPOSAL: HB ??

DO YOU: SUPPORT? X AMEND? _____ OPPOSE? _____

COMMENTS: Remember the Years of the DR. Request time be kept in terms of Years of this Bill

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

Selected Annotated Bibliography of the Physician Assistant Profession 1965-1978

Association of Physician Assistant Progra

NAME: D Crocas DATE: 3-6-91

ADDRESS: PO Box 4496 Missoula

PHONE: 728-4396

REPRESENTING WHOM? MYSELF

APPEARING ON WHICH PROPOSAL: HOUSE BILL 7

DO YOU: SUPPORT? ✓ & AMEND? ✓ OPPOSE? _____

COMMENTS: I AM A WOMENS' HEALTH CARE SPECIALIST I.E. A PHYSICIAN ASSISTANT IN OBSTETRICS & GYNECOLOGY. BECAUSE I AM A SPECIALITY P.A., I CANNOT SIT FOR THE EXAMINATION OUTLINED IN HB 7. THE BILL REQUIRES EXAMINATION & CERTIFICATION BY THE NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS. I WILL BE ALLOWED TO FUNCTION IN MONTANA AS AN EMPLOYEE OF A PHYSICIAN, BUT AM SEEKING LEGAL RECOGNITION OF SPECIALITY P.A.'s

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

P.O. Box 8496
Missoula, Montana
59807

March 3, 1981

Senator Tom Hager, Chairman
Senate Public Health Committee
Capitol Building
Helena, Montana
59601

Dear Senator Hager:

Attached is a notarized copy of my certification as a Physician's Assistant in Obstetrics and Gynecology. It is being submitted as verification of my training as a "speciality" Physician's Assistant (P.A.). The program through which I was trained was not only accredited by the American Medical Association, but was also funded in part by federal Title XX monies.

Because my training was within a speciality of medical care, I am unable to become certified by the National Commission on Certification of Physician's Assistants, Inc. (NCCPA), and am therefore left out of House Bill 7. At this time the NCCPA does not offer an examination for speciality P.A.'s within Obstetrics and Gynecology. Nevertheless my training program met all of the requirements of the American Medical Association and the U.S. Department of Health, Education and Welfare. This puts me in a "catch 22" position of being a P.A., but potentially not recognized as one in Montana. I contend that the public is being adequately served and protected by the screening procedures of the American Medical Association, the U.S. Department of Health, Education and Welfare and the Montana Board of Medical Examiners.

My understanding of the purpose of this statute is to provide a means by which legitimately trained and competent P.A.'s can be identified and reviewed for the protection of the people of this State. It would be inconsistent to provide that means for only one type of P.A. and ignore those trained within a speciality, who may nevertheless, be functioning within the State.

To provide for professional review of all P.A.'s. I propose that Section 3 (2)(c) be changed to read, "have taken an examination recognized by the board." In addition, Section 3 (2)(d) should also be deleted.

This would enable Montana to join the forty-seven other states in recognition of the roles and need of mid-level practitioners in health care. In this time of inflation and federal budget cuts, the need for mid-level health care practitioners will do nothing but grow.

Thank you for your time and consideration in this matter.

Sincerely,

D. Golas

c.c. Senators of the Public Health Committee

NAME: Todd Boland DATE: 7-6-21

ADDRESS: PO Box 625 Nevis MN

PHONE: 547-3292

REPRESENTING WHOM? PAC

APPEARING ON WHICH PROPOSAL: HF 5

DO YOU: SUPPORT? ✓ AMEND? _____ OPPOSE? _____

COMMENTS: _____

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: Sara Beth DATE: 3-6-

ADDRESS: PO Box 73 Verona City

PHONE:

REPRESENTING WHOM? RN Team Empowered

APPEARING ON WHICH PROPOSAL: House Bill 7

DO YOU: SUPPORT? ✓ AMEND? _____ OPPOSE? _____

COMMENTS:

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

TESTIMONY TO THE SENATE PUBLIC HEALTH COMMITTEE

by

J. Richard Sims, M.D., F.A.C.S.

Chief of Staff

Boulder River School and Hospital

J. RICHARD SIMS, M.D., F.A.C.S.
DIPLOMATE AMERICAN BOARD OF SURGERY

1800 ELEVENTH AVE.
HELENA, MONTANA, 59601

PRACTICE LIMITED TO GENERAL, THORACIC AND VASCULAR SURGERY

ARE/
442-
442-

March 6, 1981

Gentlemen:

My name is J. Richard Sims, Jr. I appear before you in support of House Bill 7. I have been engaged in the practice of Surgery in Helena, Montana for 22 years. I am certified by the American Board of Surgery as of 1960. I have recently been recertified by that Board on a voluntary basis. I am a member of the American Medical Association, Montana Medical Association and the Lewis & Clark Medical Society. I am a Fellow of the American College of Surgeons, a member of the American Military Surgeons of the United States. I am currently a Colonel in the United States Army Reserve and Commander of the 396th Station Hospital. I am a Consultant in surgery at the Veteran's Administration Hospital at Fort Harrison and Broadwater Hospital in Townsend, Montana. I am also on the staff of St. Peter's Hospital and Shodair Hospital.

I am currently Chief of Staff at Boulder River School and Hospital and have been a surgical consultant there for over 20 years. It is in this capacity that I appear to help you understand one of the many problems we encounter in our attempt to deliver health care to these severely handicapped, unfortunate individuals. Treatment of the mentally retarded with their frequently associated neurological and other systemic maladies is somewhat sophisticated and specialized particularly in the highly selected group of patients we are responsible for at the present time.

As you are well aware, many of the more functional individuals have been

deinstitutionalized as a result of the community placement program. There remains a significantly higher proportion of individuals who are profoundly and severly retarded. They are not only at a much higher risk to suffer fr diseases common to all of us but, in addition, there are a myriad of other problems that are peculiar to their underlying genetic or developmental disability. As a result, physicians who deal only with the developmentally disabled become somewhat specialized and segregated from other physicians. This field is not considered interesting by a large number of physicians in fact it is viewed by many with disdain. It is not a lucrative field and in addition those who work in it find themselves buffeted by the whims of political activities that are inspired by a variety of covert interests.

For these reasons and others, it is difficult to find physicians willing to work in this field. House Bill 7 would allow another highly desirable echel of health care to be developed in Montana. As a matter of fact, it has beer and is being practiced in portions of the state. Other states have recognir the advantages of this progressive move and have adopted measures to allow i The efficacy of this method was proven by Dr. Phil Pallister at this institu tion in the early 70's.

I am aware that there are other social, economic, political and geographic factors involved and well understand that there are probably many diverse pressures brought to bear upon you in considering this issue. I do not come prepared to discuss these other ramifications but only to request considerat and help in solving our present dilemma at Boulder River School and Hospital

By better understanding our specific current problem, you may be assisted in meeting your responsibility of deciding correctly on this issue. Without he

from you, residents of Boulder River School and Hospital will be denied the services of Rufino Santos, M.D. in September of this year. Dr. Santos graduated from Manila Central University Medical School in the Phillipines in 1962. He has been in the United States since 1970 and has been a citizen of the United States for 5 years. He has been on the staff of Boulder River School and Hospital since 1976 and has proven his dedication and competency through these years. He has my full support as well as that of his other peers on the staff. At our most recent staff meeting last Tuesday, there was unanimous agreement to support this bill so that Dr. Santos can continue his work. I feel that he can do this work better than I can or for that mat 90% of the staff in spite of the fact that he recently failed to pass the foreign licensure exam by 2 points.

This is a situation that requires special consideration and, as Chief of Staff, and speaking for the staff, I request that you give it careful scrutir and at least a temporary solution.

I thank you.

NAME: Lorcon E McGregor, MD DATE: 3/6/81

ADDRESS: 2225 - 11 Ave #12, Helena, MT 59601

PHONE: 442-1212

REPRESENTING WHOM? Mont Medical Association

APPEARING ON WHICH PROPOSAL: HB-7

DO YOU: SUPPORT? ✓ AMEND? ✓ OPPOSE?

COMMENTS: Support Physician Assistant legislation with amendments as proposed during hearing before Senate Health Committee.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: EDMUND M BOWER DATE: 2/14/01

ADDRESS: Box 91 FAIRFIELD MT 59436

PHONE: 682-4565

REPRESENTING WHOM? EMS REGION IV

APPEARING ON WHICH PROPOSAL: DA Bill

DO YOU: SUPPORT? / AMEND? _____ OPPOSE? _____

COMMENTS:

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

Senator Norman that if the person is unable to pay the county commissioners must pay. Up to 13 mills can be levied by the Commissioners.

Hospitals can bill the county and if the county cannot pay the state must pay.

Mr. Lavre stated that the problem costs million of dollars to the state.

With no further questions the hearing was closed.

DISPOSITION OF HOUSE BILL 531:
This is an act to provide a person access to his medical records.

Senator Olson made a motion that House Bill 531, BE NOT CONCURRED IN.

Senator Berg stated that he resents that insurance companies can get information but not the person that the information is about.

Senator Hager stated that he has always been able to have access to his medical records.

Senator Johnson stated that the bill address a persons rights and the insurance companies rights.

Action was taken on Senator Olson's motion. All senators voted yes, except Senators Berg and Norman.

DISPOSITION OF HOUSE BILL 7:
This bill is an act regulating the utilization of physician's assistants.

Kathleen Harrington, staff researcher, went over the proposed amendments for the Committee.

A motion was made by Senator Berg that amendment #1 be adopted by the Committee. Motion carried.

A motion was made by Senator Halligan that amendments 3 and 4 be adopted. Motion carried.

A motion was made by Senator Johnson that amendments 2 and 5 be adopted by the Committee. Motion carried.

A copy of the approved amendments for HB 7 is attached.

Kathleen again explained amendments 3 and 4 for the Committee.

Senator Johnson moved to strike Section 8 from the bill. She explained that this is the Chad Smith amendment which the Committee has before them. Motion carried.

A motion was made by Senator Berg that House Bill 7, BE CONCURRED IN, as amended. Motion carried.

A motion was made by Senator Johnson that the Statement of Intent for House Bill 7, be adopted. Motion carried.

ANNOUNCEMENTS: The next meeting of the Public Health, Welfare and Safety Committee will be held on Friday, March 13, at 12:30 in Room 410 of the State Capitol Building.

ADJOURN: With no further business the meeting was adjourned.

eg

CHAIRMAN, TOM HAGER

ROLL CALL

PUBLIC HEALTH, WELFARE & SAFETY COMMITTEE

47th LEGISLATIVE SESSION - - 1981 Date 1/22/81

NAME	PRESENT	ABSENT	EXCUSED
Tom Hager	✓		
Matt Himsl			✓
S. A. Olson	✓		
Jan Johnson	Late		
Dr. Bill Norman	Late		
Harry K. Berg	✓		
Michael Halligan	✓		

STANDING COMMITTEE REPORT

MARCH 11 19 81

MR. PRESIDENT:

We, your committee on PUBLIC HEALTH, WELFARE & SAFETY

having had under consideration HOUSE Bill No. 7

KEYSER (NORMAN)

Respectfully report as follows: That HOUSE Bill No. 7

third reading copy, be amended as follows:

1. Page 1, line 20.
Following: "firm,"
Insert: "state institution,"

2. Page 3, lines 4 through 7
Strike: "NOTEING IN THIS ACT SHALL BE CONSTRUED TO AUTHORIZE A PHYSICIAN'S ASSISTANT TO PERFORM THOSE FUNCTIONS AND DUTIES SPECIFICALLY DELEGATED BY LAW TO A PERSON LICENSED AS AN OPTOMETRIST AS DEFINED UNDER TITLE 37, CHAPTER 10."

3. Page 4, line 5.
Following: "(2)"
Strike: "Each"
Insert: "except as provided in subsection (3), each"

4. Page 4.
Following: line 20
Insert: "(3) In lieu of the requirements of subsection (2) (b), (2) (c), and (2) (d) the physician's assistant may be a graduate of an approved medical school as defined in 37-3-102 and pass an examination approved by the board."

XXXXXXXX ~~DO PASS~~

CONTINUED

Chairman.

STATE PUB. CO.

5. Page 9, line 10.
Following: "Licenses and"
Insert: ", with the exception of those licensees who hold a medical degree,"

6. Page 10, lines 1 through 3.
Following: "8."
Strike: remainder of lines 1 through 3.
Insert: "Insurance requirement. No physician's assistant may perform any service unless he has insurance from liability for his errors, omissions, or actions to the limits required by the hospital's governing authority."

7. Page 10, lines 6 and 7.
Following: "9 "
Strike: "AND SHALL"
Insert: "that"

8. Page 10, line 16.
Following: "(4)"
Strike: "ADOPT RULES ADDRESSING"
Insert: "address"

9. Page 10.
Following: line 18.
Insert: "Section 10. Limitations on authority conferred -- exception. Except as provided in 37-10-102, nothing in this act may be construed to authorize a physician's assistant to perform those functions and duties specifically delegated by law to persons licensed as optometrists as defined under Title 37, chapter 10."
Renumber: subsequent section

And, as so amended BE CONCURRED IN

And the Statement of Intent BE CONCURRED IN

9a.

TOM HAGER Chairman.

STATE PUB. CO.